

## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

02/19/96

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJR000009621

FACILITY NAME -> DONE WELL CLEANERS

MAILING ADDRESS -> 1308 SPRINGFIELD AVE NEW PROVIDENCE, NJ 07974

INSTALLATION ADDRESS -> 1308-12 SPRINGFIELD AVE NEW PROVIDENCE, NJ 07974

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY **REGION II** 290 BROADWAY NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL. **HAZARDOUS & SOLID WASTE PROGRAMS BRANCH** RCRA NOTIFICATIONS

TO: DENNETT, MITCHELL OWNER DONE WELL CLEANERS 1308-12 SPRINGFIELD AVE NEW PROVIDENCE, NJ 07974

. .

## ALL SECTIONS MUST BE COMPLETED

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

EPA Form 8700-12 (Rev. 9-92) Previous edition is obsolete.

Form Approved. OMB No. 2050-0028. expires GSA No. 0248-EF

Pleasn refer to the instructions for Filing Natification before complaining this form. The information recuested here is

## Notification of **Regulated Waste**

**Date Received** (For Official Use On)

Continue o

2.90 BROADWAY

required by law (Section 3010 of the Resource Conservation and Recovery Act).  Linited States Environment	ACTIVITY nental Protection Agency	CY RO II	<i>U</i> V
I. Installation's EPA ID Humber (Mark X' In the appropriate bo			
A. First Notification B. Subsequent Notification	C: Installation's	EPA ID Number	:1 11
(complete Item G)		7070	
IL Name of Installation (Include company and specific site name)	015		T
III. Location of Installation (Physical address not P.O. Box or F	Route Number		
Street MUST HAVE BUILDING P		NAL DESC	Zu)
1308 - 1215 PICITAL	office Id IA	/E	3
Street (continued)		. 4	Tt
City or Town	State ZIP Gode		
New Providence	11/15/017919	74-11	
County Code County Name		1 1 1	_
IV. Installation Mailing Address (See Instructions)	A COMPANY OF THE PARTY OF THE P		
Street or P.O. Box	11 Ab		
11910181 154 KI/VIGIFICIEIE	State ZIP Code		
City or Tawn	NJ079	74-	
V. Installation Contact (Person to be contacted regarding was	ste activitles at alte		
Name (last)	(first)		
DENNETT	MITCHEUG		
Job Title	Phone Humber (area code and nu	nber)	I
OWNER	19081-196191-1	12112	
VI. Installation Contact Address (See Instructions)  A. Contact Address B. Struct or P.O. Box			
Location Mailing	GELELD A	2	
City or Town	State ZIP Code		
NEW PROVIDENCE	MJ079	74-	
VII. Ownership (See Instructions)			
A. Name of Installation's Legal Owner (LA NO) LO	ab) (Proped by	360 N 615	<b>)</b>
MITCHELL DENNET	7		
Street, P.O. Box, or Route Number	to 1/ a 1/4		_
1308-12+ DIARING-E	State ZIP Code		
City or Town	117079	7 6 -	T
MEM MONDERY		/ / / /	
B. Land Ty	os: C. Owner Type D. Change of Own Indicator	er (Date Ci Month	hanger Day

III. Type of Regulated Waste Activit	y (Mark X' in the appropriate poxes. Re	der to instructions.)
	us Waste Activity	B. Lised Oli Fuel Activities
1. Generator (See Instructions)  a. Greater than 1000kg/mo (2,200 ll b. 100 to 1000 kg/mo (220 - 2.200 ll c. Less than 100 kg/mo (220 lbs.)  2. Transporter (Indicate Mode in boxe)  a. For own waste only  b. For commercial purposes	be.) Installation) Note: A permit is a for this activity; see instruction  1. Hazardous Wasts Fuel	a. Generator Marketing b. Other Marketier  c. Burner – Indicate de Type of Combustion
Mode of Transportation  1. Air 2. Rail 3. Highway 4. Water 5. Other – specify	2. Small Quantity Exer Indicate Type of Combusti Device(s)  1. Utility Boiler 2. Industrial Boiler 3. Industrial Furnace  5. Underground Injection Control	2. Specification User: if (or Ort-site Burns: /h) Claims the Oil Med. 3 th Specification
	(Use additional sheets if necessary)	
Ignitable 2. Corrosive 3. Reactive (D001) (D002) (D003)	Toxicity Characteristic (D000) (List specific EPA hazardous wasts sum D007 F 0  FR 261.31 - 33. See instructions if you need to 1  3 4  D008 D039 10	berts) for the Todothy chars - anetic contaminant(e))  O O O O O O O O  Ist more than 12 waste codes.)
	equiring a handler to have an I.D. number. See	
1 2	3 4	5
Certification	ACCIONANT	White the same
ccordance with a system designed ubmitted. Based on my inquiry of the athering the information, the infor- complete. I am aware that there are si mprisonment for knowing violations.	document and all attachments were prid to assure that qualified personnel propersons who manage the systemation submitted is, to the best of my ignificant penalties for submitting false into the properson of the print of the properson of the pr	operly gather and evaluate the im- em, or those persons directly respon- knowledge and bellef, true, accur
anature ORIGINAL OF	m Dennett Pa	2 = (1)
mature of RIGID ALL	The Dentifell 11	2-3796